

## CIVIL SERVICE PERSONNEL MANUAL

Subject Category: EMPLOYEE/MANAGEMENT/UNION RELATIONS	Index Code
Subject Title: Civil Service Commission Appeals	C 21.1
Reference(s) CS Circ. 1184 (11/28/78) & 1164 (5/19/78); Rules of the Civil Service Commission, Rules of Practice and Procedure (Rules 3, 4 & 5); CS Circ. 5-87 (3/5/87)	Issued by: Civil Service Commission
Purpose(s) To establish filing procedures and forms to be used in appeals to the Civil Service Commission.	

I. PROCEDURES

## A. Filing Procedures

1. An appeal must be filed with the Civil Service Commission within twenty (20) calendar days after the date notice of an action by the Director of Civil Service or an appointing authority (hereinafter Employer) is sent to the appellant affecting his legal rights. (The written appeal must be filed on the proper forms as supplied by the Commission through its Secretary. Sample forms attached.)
2. Upon receipt of the written appeal, the Commission's Secretary will forward a copy to the Employer whose action is being appealed.  
  
The Employer will be given at least ten working days following receipt of the written appeal to issue a written answer responding to any issues raised in the written appeal or presenting other relevant issues or information.
3. Upon receipt of the Employer's written answer, the Commission's Secretary will forward a copy to the appellant.
4. After step 3, prehearing motions and any accompanying documents may be filed with the Commission and served on the opposing party by personal service or by first class mail by the parties no later than two weeks prior to the hearing date for the appeal, as allowed by Civil Service Rule 5.4-g, Appeal Hearing.

## B. Hearing Procedures

The hearing will be held according to accepted legal practice. However, it will be conducted in an informal manner. Appellants may be represented by an attorney, business agent or any other person or they may appear on their own behalf.

Following the seating and identifying of appellants and/or their representatives and the representative of the Employer, the procedure shall be:

1. Appellant will proceed with the presentation of the case. The questioning of witnesses, presentation of documents and/or evidence will be made at this time.

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C 21.2

2. The Employer's representative will then be allowed to cross-examine the witnesses that were called to testify including the appellant on the statements made during the testimony.
3. The appellant will be given an opportunity to rebut or clarify any questions asked of the witnesses on cross-examination.
4. The employer will then proceed with its presentation.
5. The appellant will be allowed to cross-examine any and all witnesses called by the Employer.
6. The Employer will be given an opportunity to rebut or clarify any questions asked of the Employer's witnesses during cross-examination.
7. The Commissioners, at any time, may question the party or witnesses testifying before them.
8. When the Commissioners have completed their questioning, they will then deliberate the matter and, on a proper motion, vote on the appeal.

**11. FORMS**

People who wish to file a petition with the Commission shall utilize the following forms:

- A. Petition of Appeal (other than Classification Appeal)
- B. Petition of Appeal on Classification Action of the Director of Civil Service
- C. Petition for Declaratory Ruling
- D. Petition for Rule Making

**PENDING REVIEW & REVISION**

**NEW REFERENCE: XV-2**

CSC-1 (3/87)

PETITION OF APPEAL

Civil Service Commission  
City and County of Honolulu  
City Hall Annex  
550 South King Street  
Honolulu, Hawaii 96813

Civil Service Use Only

Date Received: \_\_\_\_\_

Assigned to: \_\_\_\_\_

Due Date: \_\_\_\_\_

Name of Appellant: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Adverse Action Being Appealed: ☐ Suspension  
☐ Dismissal  
☐ Demotion  
☐ Other (describe) \_\_\_\_\_

Date Notice of the Adverse Action Was Sent: \_\_\_\_\_  
(as defined in Rule 5.2, Rules of Practice and Procedure)

Department Taking Adverse Action: \_\_\_\_\_

Particular Rule or Statute Involved, if known: \_\_\_\_\_

Statement of Facts and Events Leading to the Adverse Action: \_\_\_\_\_

Statement of Issues: \_\_\_\_\_

Remedy Requested: \_\_\_\_\_

\_\_\_\_\_  
Signature of Appellant

\_\_\_\_\_  
Authorized Agent, if any

Submit original and 8 copies  
typewritten or in ink. For  
additional space, use plain  
8½" x 11" sheets and attach.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone:

(OVER)

**INSTRUCTIONS:**

These instructions correspond to the form on the other side of this page. While failure to properly file this form may not necessarily invalidate the petition, such failure may require the petitioner to properly complete the form before a hearing can be held. In certain cases, improper completion of this form may cause the petition to be rejected.

**Adverse Action Being Appealed**

Check what action you are appealing against.

**Particular Rule or Statute Involved, if known**

List the rule or statute you feel was violated in the action against which you are appealing. You may want to consult the personnel rules or laws, your union agent, or the Civil Service Commission secretary for assistance. If you do not know what rule or law was violated, state "don't know."

**Statement of Facts and Events Leading to the Adverse Action**

Briefly give an account of what happened, when it occurred, who was involved, and other pertinent facts on the matter which gave rise to the action against which you are appealing.

**Statement of Issues**

State what you believe was done wrong in the action. If this statement is not clear as to what is being claimed as a wrongdoing, the person being appealed against has a right to ask you for more specific statements as to the wrong that you say was committed.

**Remedy Requested**

Describe what action you are asking the Commission to take if it were to rule in favor of your appeal.

**Signature**

Your signature must be in ink. If you have a representative who is going to act for you, his/her signature should also be obtained.

Number of Copies: The appeal must be submitted in eight (8) copies, plus the original. It should be typewritten or in ink. Copies may be mimeographed or photocopied. If you need additional space in completing this form, use plain 8½" x 11" sheets.

**PENDING REVIEW & REVISION**

**NEW REFERENCE: XV-2**

CSC-2(3/87)

Civil Service Commission  
City and County of Honolulu  
City Hall Annex  
550 South King Street  
Honolulu, Hawaii 96813

Civil Service Use Only

Date Received: \_\_\_\_\_

Assigned to: \_\_\_\_\_

Due Date: \_\_\_\_\_

PETITION OF APPEAL ON CLASSIFICATION ACTION OF THE DIRECTOR OF CIVIL SERVICE

Name of Appellant: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position No.: \_\_\_\_\_ Present Class: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

Director's Action Being Appealed: \_\_\_\_\_  
(Title, SR/WB)

Date Notice of the Action was Sent to the Appellant: \_\_\_\_\_  
(Original Action or Administrative Review, whichever is later)

Remedy Requested: \_\_\_\_\_  
(Title, SR/WB desired)

Particular Rule or Statute Involved, if known: \_\_\_\_\_

Statement of Issues Involved and Facts as Contended by the Appellant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Appellant \_\_\_\_\_

Authorized Agent, if any \_\_\_\_\_

Submit original and 8 copies  
typewritten or in ink. For  
additional space, use plain  
8 1/2" x 11" sheets and attach.

Address \_\_\_\_\_

Telephone: \_\_\_\_\_

**PENDING REVIEW & REVISION**

**NEW REFERENCE: XV-2**

CSC-3(3/87)

Civil Service Commission  
City and County of Honolulu  
City Hall Annex  
550 South King Street  
Honolulu, Hawaii 96813

Civil Service Use Only

Date Received: \_\_\_\_\_

Assigned to: \_\_\_\_\_

Due Date: \_\_\_\_\_

**PETITION FOR DECLARATORY RULING**

Name of Petitioner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Specific Rule or Order in Question: \_\_\_\_\_

Statement of Petitioner's Interest and Reason(s) for Submitting Petition: \_\_\_\_\_

Statement of Controversy or Uncertainty Involved: \_\_\_\_\_

Statement of Petitioner's Position or Contention: \_\_\_\_\_

Memorandum of Authorities, Reasons and Legal Authorities in Support of Such Position or Contention: \_\_\_\_\_

Signature of Petitioner \_\_\_\_\_

Authorized Agent, if any \_\_\_\_\_

Submit original and 8 copies,  
typewritten or in ink. For  
additional space, use plain  
8 1/2" x 11" sheets and attach.

Address \_\_\_\_\_

Telephone: \_\_\_\_\_

**PENDING REVIEW & REVISION**

**NEW REFERENCE: XV-2**

CSC-4(3/87)

Civil Service Commission  
City and County of Honolulu  
City Hall Annex  
550 South King Street  
Honolulu, Hawaii 96813

Civil Service Use Only

Date Received: \_\_\_\_\_

Assigned to: \_\_\_\_\_

Due Date: \_\_\_\_\_

PETITION FOR RULE MAKING:

\_\_\_\_ Adopt New Rule  
\_\_\_\_ Amend Existing Rule  
\_\_\_\_ Repeal Existing Rule  
(check appropriate one)

Name of Petitioner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Rule Being Petitioned: \_\_\_\_\_

Statement of Petitioner's Interest: \_\_\_\_\_

Draft or Substance of Proposed Rule or Amendment: \_\_\_\_\_

Statement of Reasons in Support of Proposed Rule, Amendment or Repeal:  
(attach written evidence and supporting affidavits)

Request for a Hearing (optional by Petitioner):  
(statement of reason(s) in detail for a hearing)

Signature of Petitioner \_\_\_\_\_

Authorized Agent, if any \_\_\_\_\_

Submit original and 8 copies,  
typewritten or in ink. For  
additional space, use plain  
8 1/2" x 11" sheets and attach.

Address \_\_\_\_\_

Telephone: \_\_\_\_\_

